

## TRICARE Senior Pharmacy Program launches

**Mass mailings, briefings, post papers, toll-free numbers, Web sites spread word**

Members of the TRICARE Northeast team throughout the region have been busy briefing seniors on the new TRICARE Senior Pharmacy Program (TSRx) that started April 1. This program is just one of the changes in health care benefits resulting from the 2001 National Defense Authorization Act. One of the best pharmacy benefits available in the United States to older Americans, TSRx entitles Medicare-eligible retirees of the uniformed services, their family members, and survivors to the same pharmacy benefit as uniformed services retirees who are under 65.

"Beneficiaries who attended the TRICARE Senior Pharmacy briefings at Walter Reed Army Medical Center like the new program because it gives them more choices for filling prescriptions," said Pat Cassimatis, marketing specialist for Walter Reed Army Medical Center Managed Care Division. "Most live in the Washington area and are already reliant on a military facility pharmacy. They expect to continue getting their medications at that pharmacy for free." She added that they appreciate the use of the mail order plan and of TRICARE network pharmacies for times they may travel away from the area, or times when a medication they require may not be on the formulary at their military treatment facility (MTF).

"The retail pharmacy network saw a significant volume of prescriptions filled on the first few days of TSRx, which we expected," said Maj. Brett Kelly, USA, Pharmacy Program Chief for TRICARE Northeast Office of the Lead Agent. "All parties involved in the program are working to



**Eileen Mejia (left), Chief of Marketing for TRICARE Northeast Office of Lead Agent, explains the Senior Pharmacy Plan to residents of Vinson Hall, a continuing care retirement community for military officers and immediate families.**

effectively adjust to the increase in volume." An added benefit to beneficiaries as a result of TSRx is the increase in the number of participating retail pharmacies in the network, he said.

TSRx requires no enrollment fee or annual premium for eligible beneficiaries to take advantage of all options of the pharmacy program. The best value to both the beneficiary and the government remains the MTF pharmacy or clinic, where all TRICARE beneficiaries can have prescriptions filled at no out-of-pocket costs. Additionally, the co-pay structure for obtaining prescription drugs from the National Mail Order Pharmacy (NMOP) and retail network and non-network pharmacies has been simplified.

### Co-pays for TSRx

Co-payment for prescriptions ordered through the NMOP and filled at retail network pharmacies is \$3 for generics and \$9 for brand name drugs. A 90-day supply of many prescription drugs may be ordered through the NMOP for the \$3 generic and \$9 brand name, and a 30-day supply can be bought at those co-pay prices at network pharmacies.

**See Senior Pharmacy, page 2**



**Maj. Brett Kelly (left) talks TRICARE with retired Sgt. 1st Class Joseph Czekala, USA, at a veterans breakfast and annual legislative update by New Jersey Congressman Jim Saxton at Fort Dix, N.J.**

## TRICARE Benefits for Seniors—and Medicare

Effective Oct. 1, 2001, Medicare-eligible military beneficiaries will become eligible for TRICARE For Life, a program in which TRICARE becomes second payer to Medicare for medical care that is a benefit under both Medicare and TRICARE. The law requires that all Medicare-eligible beneficiaries, regardless of age, must be enrolled in Medicare Part B to receive TRICARE For Life benefits; and they are advised to enroll in Part B as soon as they are eligible.

The annual open season for 2001 enrollment in Medicare Part B ended April 2. A premium surcharge may be imposed on beneficiaries who did not enroll in Part B when first eligible at age 65. For complete information about Medicare enrollment, contact the Social Security Administration toll free at 1-800-772-1213 or visit the Medicare Web site at <http://www.medicare.gov/Basics/Overview.asp>.

### TRICARE Senior Pharmacy

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Many major chain drug stores are now participating members of the TRICARE retail pharmacy network. Co-payment for a prescription filled at a non-network retail pharmacy is \$9, or 20% of the cost for a 30-day supply, whichever is greater. For non-network pharmacies, TRICARE deductibles apply (\$150 per person/\$300 per family).

If beneficiaries have other health insurance, it must be used first to cover any costs when using the TRICARE retail pharmacy network. "Having other health insurance does not eliminate your participation in the TRICARE Senior Pharmacy program," said Col. Bill Davies, USA, director of DoD pharmacy programs, TRICARE Management Activity. "The important thing for beneficiaries is to hang on to their receipts showing out-of-pocket expenses, and their Explanation of Benefits (EOBs) from their other health insurer, because they're going to be able to obtain a partial or full reimbursement of their out-of-pocket expenses."

### To assure eligibility

To use the TRICARE retail and mail order benefit, beneficiaries age 65 and over must be eligible for Medicare Part A and enrolled in Part B. There is an exception: Those who turned 65 before April 1, 2001, are eligible for the benefit even if they are not enrolled in Medicare Part B.

To use the NMOP, which is an excellent source for medications used regularly, the beneficiary must register

with the NMOP by completing and sending in a registration form.

Medicare-eligible beneficiaries should have received NMOP registration forms in the packets mailed to them in February, but those not receiving the mailing can obtain forms with a toll-free phone call to 1-800-903-4680 or by using the following Web site:

<http://www.merckmedco.com>.

Beneficiaries who have certain types of other health insurance are ineligible to use the NMOP. They should contact the NMOP directly at the toll-free number above for information about the availability of medications or specific eligibility based on other health insurance.

### Update DEERS records

Beneficiaries must be registered with up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS). Donna F. Owen, RN, Director of Health Services at Vinson Hall Continuing Care Retirement Community in McLean, Va., said, "One

concern expressed by many residents of Vinson Hall is whether they are currently in the DEERS system." If your status has changed, or you have changed your address recently, or will move before Oct. 1, it is your responsibility to notify DEERS. (See page 8 for more on DEERS.)

Beneficiaries are strongly advised to update their DEERS record with their correct address, especially if a move is planned before Oct. 1. Any change in family status, such as marriage, divorce, birth or adoption should be updated. To update an address in DEERS, call toll-free 1-800-538-9552 for the Northeast Region, or visit the TRICARE Web site at <https://www.tricare.osd.mil/DEERSAddress/>.

The latest detailed information on the complete TSRx program and the many other TRICARE benefits for seniors is available on the TRICARE Management Activity Web site address:

<http://www.tricare.osd.mil/>  
or by phone toll-free at 1-877-363-6337 (1-877-DOD-MEDS).

## The Pulse of TRICARE Northeast

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The TRICARE Northeast Pulse is an official quarterly publication of the DoD TRICARE Northeast Lead Agent Office. Its purpose is to inform the uniformed services medical beneficiaries, the health care community of providers and the uniformed services about policies and newsworthy items of interest as the concept of managed health care is applied in the Department of Defense TRICARE regional program.

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# From the Lead Agent

Maj. Gen. Harold L. Timboe, MC, USA



Welcome to the inaugural issue of *The Pulse*, our latest initiative to communicate important TRICARE news to our patients, staff at our military treatment facilities, and those of Sierra Military Health Services—all in an effort to provide our patients with a high quality health plan responsive to their needs.

As we approach the completion of our third year in the TRICARE program, we realize these are exciting times and this next year will be a challenging one with many opportunities to improve upon the foundation of success we have built to date. We reflect back that our enrollment in TRICARE Prime continues to grow and is proportional to other regions across the TRICARE map, and our patient satisfaction survey results place us consistently at the top of large TRICARE regions. Nevertheless, we realize we still have much to do to improve our administrative processes, ease of access to care and coordination of specialty services.

Let me assure you, our TRICARE leaders are working diligently on many of these areas and you should see

substantial improvement in the coming year. Many of these improvements are as a result of our initiatives to provide services through the Internet.

While improving our current health plan functions is important to our 400,000 Prime members, equally important to our managers is incorporating the new health benefits Congress recently authorized—especially TRICARE For Life for our Medicare-eligible military retirees. Elsewhere in this issue you'll find more details, or you can go to our Web site at:

<http://tricare-northeast.detrick.army.mil>.

Lastly, we must say farewell to Capt. John Shore, USN, Director, Lead Agent staff. For the past year and a half, Capt. Shore has been the driving force behind many of the improvements in our health plan. His seasoned experience and knowledge of the TRICARE program is surpassed by very few in the Department of Defense. As we say good-bye and thank him for his superb executive leadership, we are fortunate that he is staying with our Region, moving to command the Naval Medical Clinic at



Maj. Gen. Harold L. Timboe

Annapolis. We expect he will continue to have a very positive impact on our Region.

As I have traveled throughout the Region, I have observed everywhere the commitment to excellence in quality care, customer service, and coordination of services between primary and specialty care. We have come a long way in three years—and we are ready to face the challenges of the years to come.

*In the service to military medicine,*

HAROLD L. TIMBOE  
Major General, U.S. Army  
Region 1 Lead Agent

## TRICARE Northeast Region leaders meet to develop strategic plan at Annapolis off-site

On April 10 and 11, commanders of Army, Air Force, and Navy facilities throughout the Northeast Region, along with representatives from Sierra Military Health Services, the U.S. Coast Guard, and the Lead Agent and Executive Director for the Region, assembled in Annapolis, Md., for an intense two-day strategic planning session. The purpose of the meeting was to establish a region-wide plan that would guide work over the next twelve to eighteen months.

"The strategic planning conference, in my view, was a very useful effort for all participants – MTF leaders, Sierra and Lead Agent staff," said Maj. Gen. Harold Timboe, Lead Agent for the TRICARE Northeast Region. "There was remarkable consensus regarding where our health plan has come in the past 3 years and what we collectively need to do to better serve our TRICARE Prime health plan members."

"Principally, we will take a more comprehensive view of the health needs of our population and endeavor to put health resources in geographic proximity to our patients," Timboe added. "We want to streamline many of the administrative and executive functions of the health plan including enrollment, making an appointment, and simplifying the authorization referral process for specialty care."

The off-site planning sessions ran from 8 a.m. until 4:30 p.m. each day. Capt. Alice Cahill, NC, USN, from the Navy Medicine Center for Organizational Development was the group's facilitator. During the workshop, the following planning format was followed. During the two-day planning session, the attendees reviewed Mandates; Stakeholders; and authored a new Mission and Vision statement.

**See Strategic Plan, page 10**



# Partner's Page

By David R. Nelson  
President, Sierra Military Health Services, Inc.

On behalf of Sierra Military Health Services, Inc., the Managed Care Support Contractor for TRICARE Northeast (Region 1), I am pleased to participate in the first edition of *The Pulse of TRICARE Northeast*. This communication is another way military families can access valuable, current information about TRICARE. Staying up-to-date about TRICARE is especially important this year as numerous exciting changes unfold; many of which are discussed in this newsletter.



David R. Nelson

To keep pace with the TRICARE program as it evolves, Sierra continues to work closely with our Lead Agent and Military Treatment Facilities in our region to integrate Department of Defense systems, our own systems and new Internet technology. Currently we are preparing for a demonstration project to use Web-based technology for making appointments. The government designated six sites for this demonstration throughout the country, two of which are in Region 1: Malcolm Grow Medical Center at Andrews Air Force Base, Md.; and the Andrew Rader U.S. Army Health Clinic on Fort Myer, Va. Roll-out of this demonstration is set for May and we look forward to expanding the use of this appointment making tool through 2001.

In addition to the possibilities for appointment making, the Internet presents many opportunities for all of your partners in health care to improve health care delivery and customer service. With this in mind, Sierra recently redesigned our website, [www.sierramilitary.com](http://www.sierramilitary.com), to offer a more straightforward menu of options and faster connections. Here you can access information about your TRICARE benefits and claims, find a doctor in your area, as well as interact through our confidential health risk assessment and disease management programs. For example:

## New Health Risk Assessment

Because your health is important to you and to us, Sierra now offers a free, confidential way to assess your health risks online—the Health Risk Assessment (HRA). The HRA allows you to:

- Receive instant results and feedback about your health

- Target your present and potential health risks
- Discover ways to improve your health
- Register for our disease management programs, if applicable to your health care needs

Sierra also recognizes on-line confidentiality is an increasing concern. We place patient confidentiality first in all of our customer service interactions, and the Internet is no exception. In addition to complying with all applicable federal confidentiality standards, only health care personnel use the HRA information to plan health care delivery needs.

## Disease management programs

Region 1 TRICARE customers have a unique opportunity. Sierra offers two disease management programs focusing on two specific areas: diabetes and high-risk pregnancy. We selected these two areas because each has significant effects on the long-term health of patients and family members. Most importantly, we know preventive, *active* management on behalf of patients and your Primary Care Manager (PCM), at the MTF or in the civilian network, can dramatically improve results of these conditions. Registration information for both programs is available on our Web site in the “Customer Services” section.

## E-mail messaging

Coming soon to [www.sierramilitary.com](http://www.sierramilitary.com), Region 1 TRICARE beneficiaries who have come to our Web site in the past will receive periodic e-mail updates from Sierra about program features and health information.

Clearly the Internet offers vast possibilities for “interactive” customer service and health care delivery. Sierra has incorporated several other Web-based systems into our daily business practices to improve our transfer of data and continually make more informed decisions. Whether the technology is operating behind the scenes or offered directly at your family’s fingertips, our goals are the same: to exchange useful information and thereby provide quality health care services throughout the TRICARE Northeast program for you and your family.

As Sierra, our Lead Agent and MTFs throughout Region 1 continue to access the Internet’s valuable resources, I can assure you we are equally focused on the importance of *human* resources. The fundamentals of customer service are strong interpersonal relationships and we are committed to making our service to you second to none. Thank you for the opportunity to serve you and your family.

David R. Nelson  
President,  
Sierra Military Health Services, Inc.

# Lopez's hospital setup a 'MUST'

by Brett McMillan, STRIPE Staff Writer

When the Southern Command's Humanitarian Assistance Program moved to help El Salvador following a destructive Jan. 13 earthquake, they turned to Master Sgt. Alfredo Lopez to set up a medical unit self-transportable hospital, or MUST, in the city of Santa Tecla.

As the Northeast Region senior enlisted advisor for TRICARE at Walter Reed Army Medical Center for nearly two years, Lopez has attended to issues brought forward by senior enlisted ranks, active duty, retirees and their family members — and has tried to solve their problems.

Following a January phone call from the Southern Command questioning what he knew about MUST hospitals, Lopez was soon assessing the situation in El Salvador and had other problems to solve.

"The Defense Logistics Agency offered a MUST hospital they had in their warehouse, but they needed to find someone who knew the equipment and for some reason they contacted me," said the licensed practical nurse. "I don't know if it was because I was the subject matter expert or the oldest guy in the Army who knows that equipment."

Lopez went to El Salvador and made an initial survey from Jan. 29 to March 2. He said the earthquake had measured over 7.0 on the Richter scale and left thousands in Santa Tecla without homes. Then, on Feb. 13, another major earthquake caused more damage to the area's weakened structures. "The area's main hospital, San Rafael Hospital, also sustained over 60 percent damage to the structure," Lopez said. "Right now no one can use that hospital, because it's too unstable."

Between March 11 and 15, Lopez deployed to El Salvador with a team of 20 soldiers to set up the MUST hospital. The team included Walter Reed lab and operating room technicians, Sgt. Hector Jimenez and Staff Sgt. Marcos Torivio.

"We had carpenters, plumbers, electricians and riggers, who repair tents to modify the corridors connecting the series of tents making up the hospital," Lopez said. "We also had the Salvadoran army helping us. They did great. They provided us with 30 sets of hands."

In a limited space prepared next to the damaged hospital, Lopez designed the MUST hospital with 100 beds, four operating rooms, supply area, laboratory, X-ray space and space for outpatient clinics and administration.

He said the San Rafael Hospital was composed of a main four-story building with a capacity for about 200 patients and an older area, which was part of a historical complex from the late 1800s. This older building was condemned, destroyed and leveled, and the MUST was put in its place.

Although the MUST hospital is set up, Lopez said it's a series of dark tunnels—it has no power. The electricity for air conditioning, heat, hot and cold water and air pressure was designed to come from a helicopter engine, Lopez explained.

But because of the noise and operating expense it was replaced by a transformer that would boost the local area's electricity to the voltage needed for the MUST hospital.

Unfortunately, Lopez said, the design or electrical components failed so he's back in town. "The transformer went up in smoke as soon as we turned it on, so without blaming anybody we rushed to the states to get another one."

Lopez plans to return to El Salvador with the new transformer April 23, when the Southern Command's commander in chief also hopes to be able to turn the hospital over to the people of Santa Tecla sometime that week in an official presentation ceremony.

Erected on a lumber foundation built to withstand the weather and future earthquakes, the MUST hospital's life expectancy is three to five years, Lopez told officials. "And that's the time frame they have to fix their hospital. If that doesn't happen, then we have a problem."

See MUST, page 6



Master Sgt. Alfredo Lopez (right) talks MUST plans with engineer in El Salvador.



Photos by Capt. Gregory Heilshorn, USA, USSOUTHCOM  
Master Sgt. Lopez guides a San Rafael Hospital administrator around the MUST hospital site in Santa Tecla, El Salvador.

**Santa Tecla MUST****continued from page 5**

That hospital might stay there for as long as it takes them to build a new hospital, because they have no money."

Whether caring for a patient in a clinic or for soldiers on the front line, helping to solve TRICARE issues or deploying to a foreign land to help victims of a natural disaster, Lopez said his 24 years in the Army have been full of challenges and opportunities.

"It's very rewarding, though, knowing that you have helped others," he said. "I went to Saudi Arabia during the war and I enjoyed that, believe it or not. I enjoyed the fact that I was helping others. I've gone to a lot of exercises in South and Central America, and just the fact that you're helping others who wouldn't be able to do it without you -- that's fulfilling to me."

"First of all I am a nurse, and nurses thrive on helping others; otherwise we wouldn't be nurses and this is just another way of taking care of people." Unless he makes sergeant major, Lopez said he's looking at a retirement date of March 2003, but said, "I would never retire. When you do things that you like, you hate retirement."



Photo by Capt. Gregory Heilshorn, USA, USSOUTHCOM

Medical unit self-transportable hospital (MUST) is shown at upper left next to tent currently being used as makeshift hospital in Santa Tecla, El Salvador.

## Talkin' TRICARE

### What the NDAA means to beneficiaries

**TRICARE For Life**, set to begin Oct. 1, 2001. For those uniformed services retirees, family members and survivors enrolled in Medicare Part B, TRICARE becomes second payer for medical care that is a benefit under both Medicare and TRICARE.

**TRICARE Senior Pharmacy benefits** (see cover article, this issue)

**Two-year extension of TRICARE medical and dental benefits for surviving family members** of deceased active duty uniformed service personnel, effective this past April 1.

**No more co-payments for active duty family members enrolled in TRICARE Prime** for the care they receive from their civilian providers (they will still have co-payments when buying prescription drugs at retail pharmacies and the National Mail Order Pharmacy, but these amounts are nominal).

**TRICARE now available to all Medal of Honor recipients.**

Regardless of length of service, they are now entitled to TRICARE medical, pharmacy and dental benefits. MOH recipients under age 65 are retroactively eligible for TRICARE effective Oct. 30, 2000.

**TRICARE Prime Remote for Family Members for all regions as of April 2002.** Active duty family members who reside with their TRICARE Prime Remote eligible sponsors in remote locations will be eligible. Locations designated as TRICARE Prime Remote are generally more than 50 miles in distance or a one-hour drive time from a military medical treatment facility. TPR for active duty family members has been in place in the Northeast Region for the past 2 years.

**For the latest full details on all TRICARE benefits, go to the TRICARE Web site at <http://www.tricare.osd.mil/>, or call the toll-free number 1-888-999-5195.**



## Focus on

# Regional Operations



Left to right: Cmdr. Thea Bratton, USN, Director of Beneficiary Services, Maj. Byron Bracey, USA, Chief, Regional Enrollment, and Capt. Lori Turpin, USN, Deputy Director for Regional Operations

The Regional Operations Directorate is responsible for many TRICARE services that have direct impact on beneficiaries and the providers of health care in all settings and locations within the Northeast Region. Regional Operations assists the Northeast Region's 123 military treatment facilities and clinics with enrollment, claims matters, marketing, beneficiary education and other non-clinical operation issues, concerns or problems.

As an example of recent efforts to provide "one-stop shopping" for TRICARE beneficiaries, the **TRICARE Service Center Office** is working to move TRICARE Service Centers (TSC) to locations within military treatment facilities (see page 9). Originally, the TSCs were located within 3 to 5 miles of the MTF. To date, 17 TSCs have been moved into the hospitals or clinics, with the others set to follow soon.

In one of the first TRICARE regions to include family members in the **TRICARE Prime Remote (TPR)** program, the Northeast TPR office works directly with the beneficiaries to inform and clarify TPR to the beneficiaries wherever they may live and seek health care. The deployment of this program has provided junior active duty members and their families in remote locations with lower out-of-pocket health care costs.

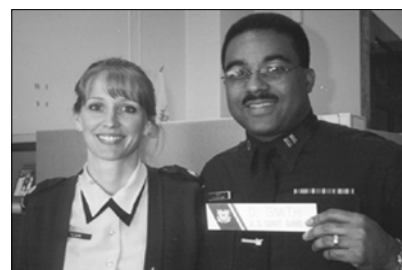
The **TRICARE Northeast Beneficiary Services Office** has added two Beneficiary Counseling and Assistance Coordinators (BCAC) and an administrative support staffer to work

one-on-one to resolve beneficiary matters. This office interacts directly with beneficiaries, TRICARE Management Activity, the service surgeons general and major commands. The staff also resolves inquiries directed in through the various service email hot lines.

The **Office of Marketing and Beneficiary Education** coordinates and reviews all marketing materials from the TRICARE Northeast managed care support contractor and the four Uniformed Services Family Health Plan (USFHP) participants to make sure the materials are appropriate, useful, and are furnished to the beneficiaries in a timely manner. This office supports conferences and briefings to inform TRICARE beneficiaries, health care providers and the interested public of programs and updates. With the recent addition of Medal of Honor winners into TRICARE, the office is contacting those beneficiaries to inform them of the new benefits and to answer their questions.

The **Deputy Director of Regional Operations**, with support of staff, monitors TRICARE monthly satisfaction surveys for the Northeast Region and its MTFs. Monthly reports track performance in satisfaction with medical care, access and interpersonal interactions for all beneficiaries. Additionally, Regional Operations provides the information to the MTFs to help them make adjustments in every way possible to meet patient needs.

Regional Operations staffers do indeed keep their fingers on the "pulse" of the TRICARE Northeast Region.



Maj. Camille Tilson, USAF, Chief TRICARE Prime Remote, and Lt. David K. Smith, USCG, Chief, TRICARE Service Centers



Eileen Mejia, Chief, Marketing and Beneficiary Education, and Kenneth Rimstad, Assistant Chief, Marketing



Jeanne Rabel (left) and Pat Blunt, Beneficiary Counseling and Assistance Coordinators, and Robert Taylor, Administrative Support (back)

# Update DEERS for TRICARE Senior Pharmacy

For beneficiaries 65 years and older, their ability to use the new TRICARE Senior Pharmacy Program (TSRx) is often limited by their ability to obtain new military identification cards that have expired, or to update their information in the Defense Enrollment Eligibility Reporting System (DEERS).

To use the TSRx benefits, beneficiaries must have current military identification cards and be registered in DEERS. Because the retiree's paycheck is not affected by DEERS however, beneficiaries who do not live near a military installation have often let their DEERS information lapse or let their military identification cards expire. This may also be true with beneficiaries who live in nursing homes or assisted living facilities, or for people who have severe travel restrictions. With TSRx in place and working well, it is more important than ever to keep both updated.

The easiest way for many beneficiaries to ensure enrollment status or eligibility is to contact the toll-free Defense Manpower Data Center Support Office beneficiary line at 1-800-538-9552. The support staff are available weekdays from 9 a.m. to 6:30 p.m. and have all the address and phone number information necessary to connect a beneficiary with their nearest site. The telephone traffic to the support office is heavy, so it is recommended the caller be patient. Addresses may also be updated at the DEERS Web site:

<https://www.tricare.osd.mil/DEERSAddress/>.

## RAPIDS for Guard and Reserve

Reserve, National Guard and Air National Guard bases have personnel centers that will update vital information and make ID cards. A good way for the on-line savvy person to locate a beneficiary's nearest Reserve or National Guard personnel office is through the RAPIDS Site Locator Web site: <http://www.dmdc.osd.mil/rs1/>. With just the city, state and zip

code or name of the base, RAPIDS provides the addresses, phone numbers and distances to the closest centers. It is strongly recommended the beneficiary call ahead to verify the information displayed before planning a visit to any center.

## Specialized power of attorney

For beneficiaries who cannot make it to a military installation for assistance because of health or other reason, it is recommended the beneficiary appoint a trusted person to act in their favor with specialized power of attorney. Any person acting in the place of a beneficiary with a specialized power of attorney must bring to the personnel office:

- A letter from the beneficiary's doctor stating the beneficiary is unable to travel to the personnel office for health reasons.
- An 8½"x11" head shot of the beneficiary (a photograph will be made of the photograph). The photograph does not need to be a studio portrait; any photograph will do as long as the picture can be reproduced.
- On the back of the photograph, provide the following information:
  - Hair color (if bald provide the previous natural color)
  - Eye color
  - Height
  - Weight
  - Blood type
  - Social Security Number
- Notarize the photograph and information on the back.
- If the beneficiary is the spouse, a copy of the sponsor's DD214 and marriage certificate or death certificate may also be needed.
- It is a good idea to bring along any expired military IDs the beneficiary may have.
- Call ahead to verify the hours of operation and ask about any other documents the personnel center may require.

## Use postoffice at larger bases

The U.S. Postal Service can be used to obtain an ID card as well. The same information and material is required as it is using a person with a specialized power of attorney. Using the mail works better with larger active duty bases and posts rather than the smaller reserve units. It is also a good idea to call ahead for a current postal address and be sure to get the correct spelling and rank of the service member who will receive the package. Confirm all the required documents are in the package and be sure to use certified mail.

If you have any questions about the regulations or you need assistance, some excellent sources to contact are the customer service military ID sections at McGuire Air Force Base, N.J. (609) 754-3546; Andrews AFB, Md. (301) 981-2277; or Dover AFB, Del. (302) 677-4541.

## Army Nurse Corps marks 100th birthday



Maj. Gen. Harold Timboe, TRICARE Northeast Lead Agent, watches over the Army Nurse Corps 100th Anniversary cake-cutting by Army nurses Maj. Pam Cluff and Lt. Col. Regina Tellitocci (right) of Regional Operations.



# TRICARE Service Centers relocate to military treatment facilities

## Offer 'one-stop shopping' for health care services

TRICARE Service Centers are in process of relocating to the military treatment facilities in the Northeast Region to provide easier access to services for beneficiaries. Previously, many TSCs had been located 3 to 5 miles from the MTFs or clinics. The relocations are complete at 17 facilities, with 11 more moves being planned.

With the co-location of services, beneficiaries will now be able to get guidance and information on TRICARE enrollment and claims, as well as health education materials and guidance, in the same locations where they receive medical treatment.

"Beneficiaries love it—everything can be done here," said Gloria Golden, Managed Care Officer for Naval Medical Clinic, Quantico, Va. "It's great that the beneficiaries don't have to come here and then be sent off base to make a payment, for example. While here, they can now check on portability and claims, and pay enrollment fees." Golden said the clinic now averages 40 walk-ins a day.

Lt. David Smith, USCG, TRICARE Northeast Office of the Lead Agent, serves as the lead relocation project officer. To date, TSCs have been relocated to office space within the following facilities:

- Walter Reed Army Medical Center, Washington, DC
- Naval National Medical Center, Bethesda, Md.
- U.S. Army Health Clinic Pentagon, Washington, DC
- Naval Medical Clinic, Quantico, Va.
- DeWitt Army Community Hospital, Fort Belvoir, Va.
- Barquist Army Health Clinic, Fort Detrick, Md.
- Naval Medical Clinic, Annapolis, Md.
- 11<sup>th</sup> Medical Group, Bolling Air Force Base, Washington, DC
- Family Health Clinic, Woodbridge, Va.
- Andrew Rader U.S. Army Health Clinic, Fort Myer, Va.

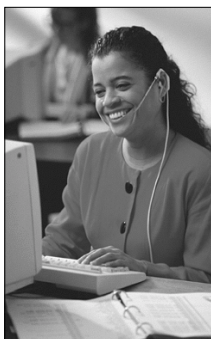


**Col. Thierno A. Diallo, USA, commander of Barquist Army Health Clinic at Fort Detrick, Md., (left) and Col. Michael Dunn, Walter Reed Army Medical Center commander, officially open the relocated TRICARE Service Center.**

- Family Health Clinic, Fairfax, Va.
- Naval Hospital Patuxent River, Md.
- Kirk U.S. Army Health Clinic, Aberdeen Proving Ground, Md.
- 89th Medical Group, Malcolm Grow Medical Center, Andrews Air Force Base, Md.
- Guthrie Army Health Clinic, Fort Drum, N.Y.
- 66<sup>th</sup> Medical Group, Hanscom Air Force Base, Mass.
- 436th Medical Group, Dover Air Force Base, Del.

## HCIL nurses 'on call' to answer health questions

The "HCIL," or Health Care Information Line, offers TRICARE beneficiaries 24-hour, 365-day immediate access to health information provided by experienced registered nurses. The "live nurses" who answer calls respond to questions on a variety of health care subjects. For potentially serious problems, the nurses guide the caller to the medical attention needed. For non-life-threatening illnesses



such as coughs, sore throats and earaches, the caller receives education needed to make an informed choice on how to handle that concern.

The top five reasons callers use the service are: (1) cough in children, (2) medication guidelines, such as instructions on taking medications, side-effects and general information about medication, (3) colds in children, (4) fever in children, (5) earache in children and adults.

TRICARE beneficiaries can reach HCIL nurses by calling 1-800-308-3518.

# National Capital Area to get consolidated CHCS

## *Project to improve health care coordination for 44 locations*

Each year health care is provided through TRICARE Northeast to approximately 600,000 patients at 44 locations in the National Capital Area. TRICARE uses the Composite Health Care System, or CHCS, to facilitate and coordinate health care delivery in the Northeast Region. The CHCS is an automated and integrated comprehensive tri-service medical information system designed for and used by the Department of Defense.

The CHCS contains modules to support the delivery of health care services including patient administration, laboratory, pharmacy, radiology, nutrition care, nursing and outpatient and inpatient care services. Currently there are three separate CHCSs in the NCA. The CHCS hosts are Malcolm Grow Medical Center, National Naval Medical Center and Walter Reed Army Medical Center.

There are over 22,000 CHCS users at the three hosts and their 41 satellites. CHCS users include clinical care

providers, ancillary support staff, administrative staff, and the managed care support contractor. Currently, the three host medical centers maintain and support separate CHCSs, creating three repositories of health care information for the same population of patients. Providers must spend an excessive amount of time tracking down all the different sources of patient information.

To fall in line with the best business practices in the civilian managed care sector, the TRICARE Northeast Lead Agent Office has developed a consolidation project for the NCA.

The main goal of the project is to transition from the three local CHCSs now in use to a single, comprehensive and unified CHCS, thereby reducing duplicative work, delivering more cost-effective and efficient health care, and resulting in more time for patients. This transition is scheduled to take place Aug. 1 through Aug. 4, 2001.

### Strategic Plan

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Performance data collected from recent medical treatment facility visits was reviewed and a SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) of the current environment, which would prepare attendees for development of strategies to meet mission requirements, was conducted. Strategic issues identified included:

- Stabilize MTF funding and resource to levels adequate to support population demand
- Improve information management/information technology (IM/IT)
- Develop a single, universal constrained metric set
- Improve contractor/MTF interfaces
- Improve coordination of care
- Attract prime enrollment
- Enhance the MTF work environment
- Make information a meaningful resource that facilities can use to analyze business opportunities
- Fill every pharmacy prescription
- Standardize contracts across TRICARE regions
- Develop better provider networks
- Use population health to drive practice

**Mission. To provide force health protection through a comprehensive and responsive health care benefit, in partnership with Sierra Military Health Services, for all TRICARE beneficiaries.**

**Vision. A premier health care system: chosen in peace, responsive in war.**

On day two, the group converted the strategies into goals. Small groups concentrated on each strategy to develop goals. The goal provided the “why/where” regarding the particular issue. Once the goal statements were developed, objectives that provided the “what” we would do needed to be developed and, once more, small action teams provided the work. A total of 10 goals and 28 objectives were determined.

“We believe our goals are very achievable and, if accomplished, we will have come a long way towards building trust and earning the respect of our staff and TRICARE Prime patients,” Timboe said.

Because a list of 28 objectives tended to be a bit overwhelming, the workshop attendees voted to focus first on

five objectives:

1. Use evidence based mechanisms to identify resource requirements
2. Work toward easy and timely access to quality healthcare
3. Simplify and facilitate the referral process
4. Identify the top dissatisfiers
5. Conduct and use IM/IT needs assessments

The other objectives will be addressed in the near future. Members of the Lead Agent Office and conference attendees have already begun work on Plans, Actions and Milestones for accomplishing the objectives. These will be ready for the next Regional Governing Board in June.

# Northeast Region facilities receive awards during 2001 TRICARE National Conference

Recipients were selected from the Military Health System's survey of 80 military hospitals and medical centers and 513 clinics that make up the 13 TRICARE regions. Stateside and overseas facilities competed in separate categories.

Two TRICARE Northeast Region military treatment facilities received awards for access and customer satisfaction from the Defense Health Program at the 2001 TRICARE Conference held earlier this year in Washington, DC. The Northeast Region comprises the District of Columbia, 11 northeastern states, northern Virginia and part of West Virginia.

**National Naval Medical Center, Bethesda, Md.**, tied with Tripler Army Medical Center, Honolulu, for first place in the stateside medical center access category, with each winning facility receiving a plaque and a check for \$50,000. Additionally, NNMC won honorable mention as one of the top three medical centers in the customer satisfaction category.

"We are very proud of this prestigious national recognition," said Rear Adm. Kathleen L. Martin, commander, NNMC. "It affirms for me how hard our providers and staff members here at NNMC are working every day to make this environment an accessible and pleasant one for the people we serve."

**The US Air Force 66<sup>th</sup> Medical Group, Hanscom Air Force Base, Mass.**, also of the TRICARE Northeast Region, was awarded an honorable mention certificate as one of the top five stateside ambulatory care centers in the military health care system in the patient satisfaction category.

"This recognition represents a vote of confidence for us by the people we serve," said Col. Charles Armstead, USAF, 66<sup>th</sup> Medical Group commander. "Many awards are, in part,



(Left to right) Dr. H. James T. Sears, executive director, TRICARE Management Activity; Capt. Elizabeth Niemeyer, USN, Managed Care Director at National Naval Medical Center, Bethesda; Vice Adm. Richard A. Nelson, Navy Surgeon General; Dr. J. Jarrett Clinton, acting assistant secretary of defense for health affairs; Lt. Gen. James B. Peake, Army Surgeon General; and USAF Col. Charles Armstead, 66<sup>th</sup> Medical Group commander, share the awards stage at the TRICARE 2001 conference.

based on how well an awards package is written, but our customer satisfaction ratings are based on the feedback from our patients. There is a tendency to respond to questionnaires when something is wrong, so the positive ratings we must have received are very gratifying."

Awards were presented by Dr. J. Jarrett Clinton, acting assistant secretary of defense for health affairs; Dr. H. James T. Sears, executive director, TRICARE Management Activity; and the Army, Navy and Air Force surgeons general.

"Our beneficiaries have told us that access to care is one of their primary needs," said Sears, "For that reason, we believe it is important for TMA to recognize military treatment facility personnel who have gone above and beyond their efforts to improve access and customer satisfaction."

Walter Reed Army Medical Commander Maj. Gen. Harold L. Timboe is the lead agent for TRICARE Northeast, and Capt. John Shore, USN, is executive director for the region's Office of the Lead Agent.

## Executive Director's Award

Capt. John Shore, MSC, USN, executive director of the TRICARE Northeast Office of the Lead Agent, received the TRICARE Management Activity Executive Director's Award 2000 during the TMA Conference. Dr. James T. Sears presented Shore the award in recognition of the captain's "innovate leadership and outstanding support of the TRICARE program."



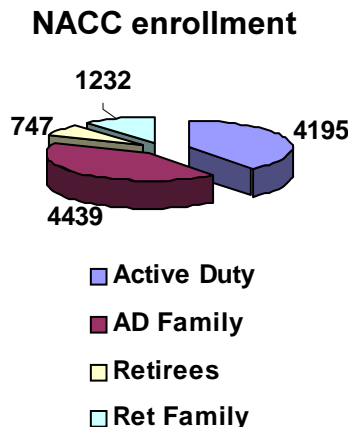
Capt. John Shore



## **Spotlight:** Naval Ambulatory Care Center Newport, Rhode Island



Naval Ambulatory Care Center, Newport, R.I.



Capt. Dorothy A. Michael,  
USN, Deputy Commander,  
NACC

*“Our mission is to provide quality health services to all who entrust themselves to our care, in peace and conflict, and to maintain an operationally ready medical force.”*

The Naval Ambulatory Care Center at Newport, R.I., has added doctors and health care staff with impressive credentials to provide a variety of quality specialty and general care to all TRICARE beneficiaries.

The **General Surgery clinic** provides general surgical services for all eligible beneficiaries and is primarily concerned with diseases and conditions of the chest and abdominal cavities. The NACC general surgeons are trained in surgical diseases that affect patients in all stages of life—from pediatric patients to the elderly. Even if under the care of a civilian primary care manager, in many instances the beneficiaries would still be able to be seen by one of NACC’s active duty general surgeons on a consultative basis.

The NACC general surgery staff have specialized training in the diagnosis and treatment of breast disease as well as cancers throughout the chest and abdominal cavity. The NACC **Breast Clinic**, conducted every Friday morning, offers complete one-stop evaluation and diagnosis including a clinical exam by a general surgeon and—when appropriate—same-day needle biopsy, mammography and ultrasound evaluation with same-day interpretation of results. Patients are typically scheduled for this clinic through their primary care manager in five days or less.

The NACC **Orthopedics Department** performs inpatient care and surgery in

partnership with Newport Hospital. The NACC Orthopedic Clinic is a consultative/specialty clinic. The emphasis of care is on all areas of orthopedics, from the care of newborn and toddler to an adult requiring total joint arthroplasty.

The NACC **Internal Medicine Department**, a primary care and specialty clinic, manages adult patients, the majority of whom have multiple medical problems or chronic conditions.

The **Family Practice Clinic** provides preventive and wellness services, routine and acute care, obstetrical care and procedures such as flexible sigmoidoscopy, vasectomy, minor biopsies, and colonoscopy.

Family physicians at NACC coordinate prenatal care through the **Family Practice Women’s Health Clinic**. After an initial educational visit, complete with appropriate screening laboratory studies, the maternity patient receives all routine office visits and most fetal surveillance at the clinic. Any further obstetrical consultation or evaluation that becomes necessary in the course of the pregnancy is provided by civilian obstetrics colleagues at Newport Hospital or Women and Infant’s Hospital in Providence. Beyond the daily office setting, a dedicated watch of experienced family physicians is available to provide evaluations 24 hours a day.

